

Alcohol Use Disorder

A Primary Care Approach

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Learning Objectives

- Definition of Alcohol Use Disorder.
- Epidemiology of Alcohol Use Disorder.
- Impact of COVID-19 on Alcohol Use Disorder.
- Evidence-based overview of pharmacologic and non-pharmacologic treatments.
- Local treatment programs.

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Alcohol Use Disorder defined

A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within 12 months:

- Alcohol is often taken in larger amounts or over a longer period of time than intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- Craving, or a strong desire or urge to use alcohol.
- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.

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Alcohol Use Disorder Defined (continued)

- Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- Recurrent alcohol use in situations where it is physically dangerous.
- Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- Tolerance.
- Withdrawal.

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Alcohol Use Disorder defined (continued)

Severity:

- Mild: 2-3 symptoms.
- Moderate: 4-5 symptoms.
- Severe: 6 or more symptoms.

Specifiers: In early remission (3-12 months), in sustained remission (12 months or more), in a controlled environment

Differentiate from nonpathological use of alcohol. AUD is the use of heavy doses of alcohol with resulting repeated and significant distress or impaired functioning. Less than 20% of drinkers who drink to intoxication ever develop alcohol use disorder. Therefore drinking, even daily, in low doses and occasional intoxication do not qualify.

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Epidemiology of Alcohol Use Disorder

- Alcohol use is a major risk factor for mortality and morbidity, playing a role in more than 200 diseases and injury outcomes.
- In men, the relative risk (RR) of increased all-cause mortality rates among clinical samples was 3.38 in men, in women it was 4.5.
- Alcohol Use Disorder is estimated to be 2-3 x greater among adult men than among adult women; with an ongoing narrowing of the gender gap.
- In Canada, the point prevalence of alcohol dependence was 8.0%, 6.6%, and 2.7% for early emerging adults, late emerging adults, and young adults, respectively. It was 3% overall in Canada.

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Roerecke. M. and Rehm J. Alcohol Use Disorders and Mortality: A systematic review and meta-analysis. 2013. Addiction 108 (9).
Qadeer et. al. An Epidemiological Study of SUDs among Emerging and Young Adults. CJP. 2018. 64(5). 313-322

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COVID-19 and Alcohol Use Disorder

- Evidence consistently shows a positive relationship between exposure to mass traumatic events, such as a terrorist attack or natural disaster, and increased population-level alcohol consumption following the crises in the shorter term, and up to 1 to 2 years post-event for those with higher exposure levels.
- A national survey found 14% of Canadians aged 15 + reported increases in their weekly alcohol consumption during the first phase of the COVID-19 pandemic.
- A local survey displayed increased or new alcohol consumption in 28.4% of respondents in primary care clinicians since the pandemic.

Calgary Zone Primary Care Pulse Check

Da. BL et. al. COVID-19 hangover: a rising tide of alcohol use disorder and alcohol-associated liver disease. *Hepatology*. 2020.

Hobin E. and Smith B. Is another public health crisis brewing beneath the COVID 19 pandemic? *CJPH*. 2020. 111. 392-396

Rehm et. Al. Alcohol use in tiems of the COVID 19: Implications for monitoring and policy. *Drug and Alcohol Review*. 2020. 39(4)

Statistics Canada. (2020) Canadians who report lower perceived mental health during the COVID-19 pandemic more likely to report increased use of cannabis, alcohol, and tobacco.

Wardell et. Al. Drinking to Cope during COVID 19 pandemic. *Alcoholism: Clinical and Experimental Research*. 44(10)

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COVID-19 and Alcohol Use Disorder

- Income loss, mental health, living alone, uncertainty about the future, and having children under 18 were associated with increased use. Initially it was assumed it would be reduced due to reduced disposable income and closing of on-premise consumption sites.
- Patients with AUD are at risk of developing severe COVID-19 infection due to a weakened immune system and underlying comorbid medical conditions, especially in men with AUD with higher ICU and mortality rates.

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Pharmacotherapy potions

Approved

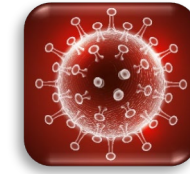
- Naltrexone
- Acamprosate
- Disulfiram

Off-Label

- Gabapentin
- Topiramate
- Ondansetron
- SSRI
- Varenicline
- Baclofen

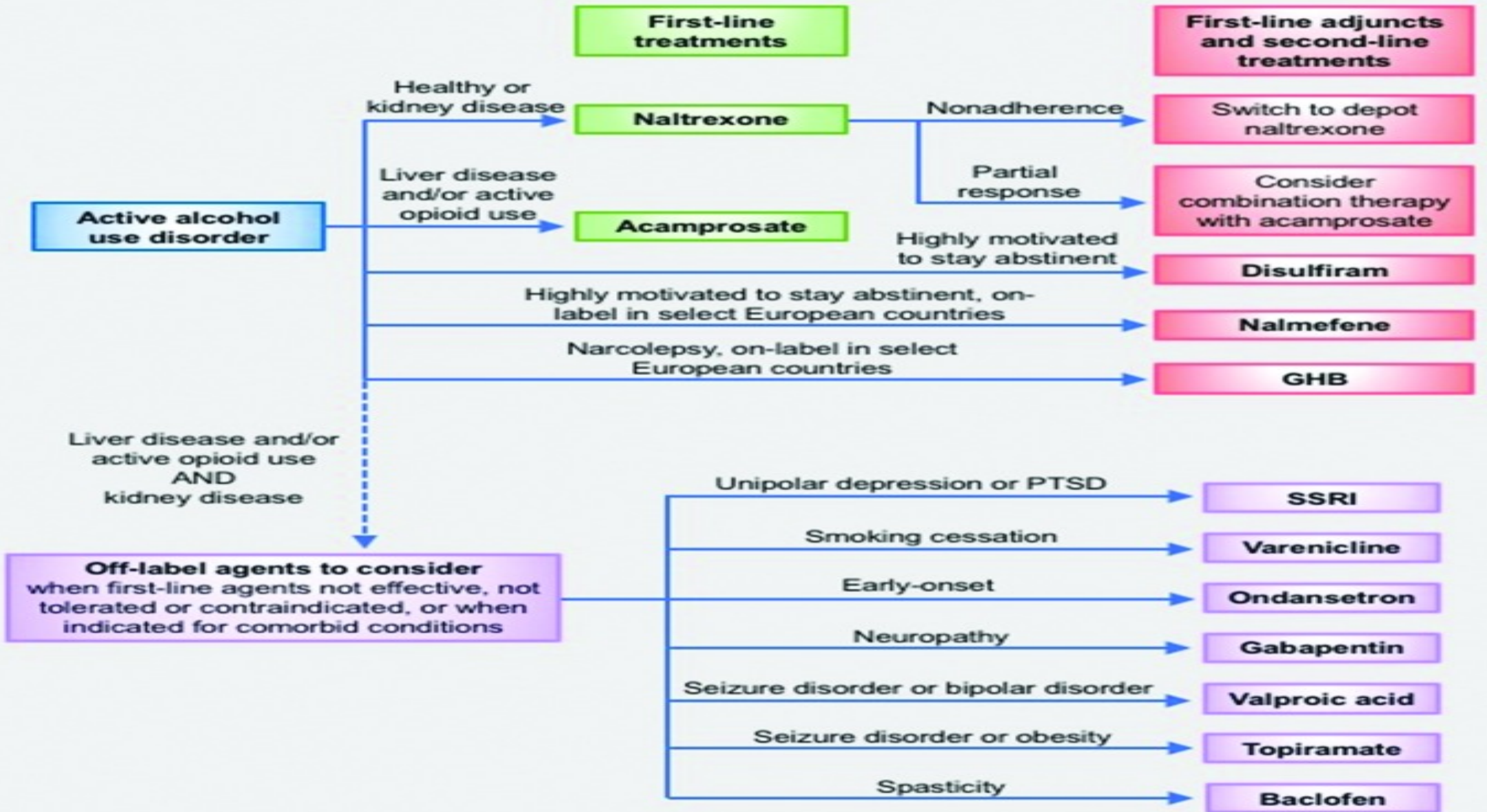
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Medication	Dosage	Side effects	Clinical tips
Naltrexone	Start at 25 mg per day, 50 mg per day is the standard dose.	N/V, vivid dreams, hepatocellular injury, mood disorder.	Must be opioid free for 7-10 days prior to initiation. Monitor liver function, must be less than 3 x normal. Covered by Alberta Blue Cross.
Disulfiram	250 mg daily to start, may increase to 500 mg daily	Interaction with alcohol (including perfumes, cough syrups etc.), metallic taste, dermatitis, sedation, headache, hepatotoxicity, hypotension.	Monitor liver function, must be less than 5 x normal. Patients must be educated about the effects if they drink, including potentially lethal hypotension, and that reactions may occur up to 2 weeks after discontinuing the medication. Contraindicated in patients who are intoxicated with alcohol, taking metronidazole, amprenavir, ritonavir, or liquid sertraline, have psychosis or cardiovascular disease Better for those living with a supportive partner or highly motivated patients.
Acamprosate	333 mg tablets 2 tablets three times per day if weight >130 lbs, two times per day if <130 lbs	Diarrhea, N/V, mood disorder, flatulence, anxiety.	Renal clearance so safer in patients with hepatic impairment. Need to monitor renal clearance. Better for maintenance of sobriety. Special authorization.



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Psychotherapy options

- 12-step programs -- ensure it is a medically friendly group
- Cognitive behavioral therapy -- Smart Recovery offered virtually
- Motivational interviewing
- Couples and Family therapy
- Interpersonal therapy

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Local resources

- Call: Provincial Addiction Helpline **1-866-332-2322**
- Call: Access Mental Health: **403-943-1500** or **1-844-943-1500**
- Visit: ahs.ca/options MyHealth.Alberta.ca, or the AHS app
- Adult Addiction Services (adults) Phone: **403-367-5000** Address: 3rd Floor, 707–10th Avenue SW Calgary (limited in-person capacity) Hours: Weekdays 9 a.m. – 8 p.m. Services: intakes and assessment
- Youth Substance Use and Mental Health Services (youth 12 – 19 years) Phone: **403-297-4664** Address: 1005–17th Street NW Calgary Hours: Mon, Wed and Fri from 8:30 a.m. – 11 a.m. Phone for evening walk-in hours Services: intake and assessment
- SAILL: Substance Abuse in Later Life via Access Mental Health

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Detoxification

- Can consider home detoxification if patient is medically stable, has appropriate housing, and does not have a history of alcohol withdrawal seizures or delirium tremens.
- Home detox provides a less stigmatizing, more anonymous, and cost-effective alternative.
- Symptom-focused treatment results in a decreased cumulative dose of BZDs and decreased duration of treatment compared with fixed-dose regimens.
- Diazepam and Chlordiazepoxide are generally recommended as they are longer acting. Can consider Lorazepam if liver failing.
- Alternative medications that have been studied for treatment of acute alcohol withdrawal include valproic acid, carbamazepine, gabapentin, clonidine, antipsychotics, and ketamine.

Inpatient Detoxification Facilities:

- Renfrew Detoxification Centre
- Alpha House
- Foothills Detox Centre Fort Macleod, AB

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Inpatient residential treatment centres

- Residential treatment facilities provide time-limited treatment in structured, substance-free, live-in environments.
 - Individuals accessing these services are most likely to be those with more complex and/or chronic substance use for whom community-based treatment services have not been effective.
- Claresholm Centre for Mental Health and Addictions
 - Lander Centre for Addictions
 - A number of embedded beds in sober housing facilities
 - Private inpatient residential treatment facilities

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Questions or Comments?

“When you talk about emotional chemical imbalances in people, there is no science behind that.” - Tom Cruise

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